RECEIVED CENTRAL FAX CENTER

Bambi Faivre Walters, PC PO Box 5743 • Williamsburg, VA 23188 JAN 0 7 2005

703-872-9306 Art Unit 2611 ATTN: Joseph G Ustaris Fax: To: From: Bambi Walters Date: 1/7/2005 Pages: 34 (1) Transmittal; Re: (2) Petition for Three Month Extension of Time (in Amendment & Response); (3) Fee Transmittal & Credit Card Payment Form; and (4) Response to July 8, 2004 • Office Action al No. 09/496,825 ☐ For Review □ Please Comment ☐ Please Reply Please Recycle

Please feel free to contact me should there be any problems with the transmission or if you would like to discuss anything further.

Thank you, Bambi &

757-253-5729 (Office) 757-784-1978 (Mobile)

RECEIVED

				APATDAL FAY			
		Application Number	09/496,825				
TRANSMITTA	4	Filing Date	02/01/2000				
		First Named Inventor	Edward Ro	Edward Rowland Grauch			
FORM	6	Art Unil	2611	2611			
(to be used for all correspondence a	fter initial filing)	Examiner Name	Joseph G Ustaris				
otal Number of Pages in This Submission: 34		Attorney Docket Number	BS95003 CON				
	ENCLO	SURES					
	(Check all						
 ✓ Fee Transmittal Form ✓ Fee Attached ✓ Amendment/Reply ☐ Affidavits/declaration(s) ✓ Extension of Time Request ☐ Express Abandonment Request ☐ Information Disclosure Statement ☐ Certified Copy of Priority Document(s) ☐ Response to Missing Parts/Incomplete Application ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53 	Drawing(s) Licensing-related Path Licensing-r	o a Provisional Revocation ondence Address	Appeal Co and Interfe Appeal Co (Appeal Co (Appeal N Proprietar Status Let	ommunication to Group Notice, Brief, Reply Brief) y Information tter slosure(s) (please Identify below):			
SIGNA	TURE OF APPLICAN	NT, ATTORNEY, OR	AGENT				
Name (Print/Type)	Bambi Faivre Walters		Reg. No.:	45,197			
Signature	Elia wi	eld					
Date	January 7, 2005						
I hereby certify that this correspondence is Service with sufficient postage as first class	ERTIFICATE OF TRA being facsimile transmit mail in an envelope ad	tted to the USPTO or de	eposited with t	the United States Postal nts, PO Box 1450, Alexandria,			
VA 22313-1450 on the date shown below. Name (Print/Type)	Bambi Faivre Walters	3	Date	January 7, 2005			
(101110 1 1111V TUO)	8C. July	3					

Name (Print/Type) Bambi Falvre Watters

Date January 7, 2005

Under the Paperwork Reduction	- 1 - 1 1005		ad to re	U.S. Patent s	and Trade	mark Office:	118 D	ph 07/31/2008, OMB 0851-003 EPARTMENT OF COMMERC WAS A VAIID OMB control numbe	32 E
	n Act of 1995 to on 12/08/20		en 10 1	Aunit Ki a Line Jak		omplete			1
Fees pursuant to the Consolida	ited Appropria	flons Act, 2005 (H.R. 4	(818).	Application Numi		9/496,82			
FEE TR	ANS	MITTA	L	Filing Date		2/01/200			RECEIVED
	FY 2			First Named Inve		dward Ro		Grauch CE	N RAL FAX CENTER
				Examiner Name	J	oseph G	Ustari	8	JAN 0 # 2005
Applicant claims small	entity status	. See 37 CFR 1.27		Art Unit		611			JAN 0 7 2005
TOTAL AMOUNT OF PAYE	MENT (\$)	1,270.00		Altomey Docket		\$95003	CON		フ
METHOD OF PAYMENT	(check all	that apply)]
Check Credit C			Noi	ne Other (pl	lease iden	tify):			
Deposit Account De	eposit Accoun	t Number:		Deposit Acc					- i
For the above-identif	fied deposit	account, the Directo	r is he	reby authorized to:	(check a	all that app	y)		
Charge fee(s)					10 (s) li	ndicated b	elow, e	xcept for the filing fee	
V I	4 48 and 4	(s) or underpaymen 47			•	payments			
WARNING: Information on this information and authorization	form may be	come public. Credit	card in	formation should no	t be inclu	ided on this	form.	Provide credit card	
FEE CALCULATION	on P10-2030	·							
1. BASIC FILING, SEAR	CH AND	EXAMINATION F	FES						7
1. BASIC FILING, SEAN	FILING	FEES	SEAF	RCH FEES	EXAM	NATION		;	
Application Type	Fee (\$)	imali Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (<u> 8 mail i</u> 5) <u>Fee</u>		Fees Paid (\$)	•
Utility	300	150	500	250	200	100			
Design	200	100	10 0	50	130	65	i	-	
Plant	200	100	300	150	160	80)	·	
Reissue	300	150	500	250	600	300)		
Provisional	200	100	0	0	0	C)		
2. EXCESS CLAIM FEE							e (\$) 50	8mail Entity Fee (\$) 25	
Each claim over 20 (i Each independent cla	including R	(eissues) (including Reissu	ea)				200	100	
Multiple dependent c	laims	(morading recisor	,			3	360	180	
Total Claims	Extra Clair		_	e Paid (\$)		-		Dependent Claims	Ì
- 20 or HP = HP = highest number of total	dsime neld fi	or. If greater than 20.	<u></u>	50.00		F	80 (\$)	Fee Paid (\$)	
Indep. Claims	Extra Clai	<u>ns Fee (\$)</u>		Pald (\$)					
- 3 or HP = HP = highest number of Inde	nendent claim	X s paid for, if greater the	≂ <u>. 5</u> an3.	200.00					
2 ADDLICATION SIZE	CEE				14	11	4		
If the specification and	drawings (FR 1 52(a)	exceed 100 sheets the annlication	s os pe size fe	iper (excluding e se due is \$250 (\$	125 for	small en	a segu itv) fo	or each additional 50	
sheets or fraction th	tereof. See	35 U.S.C. 41(a)	'IYGI	and 37 CFR 1.1	6(s).				
<u>Total Shesta</u> - 100 =	Extra She	<u>ets Numbé</u> / 50 =	of ea	ch additional 50 o (round up to a v	r Tracuo	<u>n thereof</u> mber) x	<u> </u>	e (\$) Fee Paid (\$)	
4. OTHER FEE(S) Non-English Specific	cation, \$	130 fee (no small	entity	discount)				Fees Pald (\$)	1
Other (e.g., late filin								\$1,020.0	
SUBMITTED BY							7		\supset
	2: (-1	Uten_		Registration No.	5,197		Teleph	ione 757.253.5729	-ill
000				Auminalisation			_		—ı

This collection of Information is required by 37 CFR 1.136. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

PTC/SB/17 (12-04v2)
Approved for use through 07/31/2009, OMB 0861-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
of odlection of information unbase it disclass a valid OMB control number Under the Paparwork Reduction Act of 1995 no paraces are required to re Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/496,825 Application Number FEE TRANSMIT 用ECEIVED Filing Date 02/01/2000 CENTRAL FAX CENTER For FY 2005 Edward Rowland Grauch First Named Inventor Examiner Name Joseph G Ustaris Applicant claims small entity status. See 37 CFR 1.27 JAN 0 7 2005 Art Unit 2611 TOTAL AMOUNT OF PAYMENT 1,270.00 Attorney Docket No. B895003 CON METHOD OF PAYMENT (check all that apply) Check / Credit Card Other (please identify): __Money Order None Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) √ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (5) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 500 100 300 150 250 Utility 130 65 200 100 100 50 Design 160 300 RO 200 100 150 Plant 500 600 300 300 150 250 Reissue 0 200 0 O 0 **Provisional** 100 **Small Entity EXCESS CLAIM FEES** Fee (\$) Fee (\$) Fee Description 50 25 Bach claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Total Claims Fee Paid (\$) - 20 or HP = \$50.00 Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Cialms Fee Paid (\$) Fee (\$) indep. Claims \$200.00 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Shoots Total Sheets __ (round up to a whole number) x - 100 = Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$1,020,0 Other (e.g., late filing surcharge): Three Month Extension of Time SUBMITTED BY

Signature

Registration No. 45,197

Telephone 757.253.5729

Name (Print/Type) Bambi Faivre Walters

Date January 7, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the information is required by 37 CFR 1.14. This collection is agringated to take 30 minutes to complete

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is satimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patants, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JAN 0 7 2005

U.S. Patent Application No. 09/496,825 Examiner Ustaris, Art Unit 2611 Response to July 8, 2004 Office Action

Further, none of the references cited by the Examiner, alone or in combination, disclose or suggest the claimed invention. Therefore, Assignee respectfully solicits a Notice of Allowance for all pending claims (claims 1-24).

AMENOMENT +

p.5

AUTHORIZATION FOR PAYMENT OF FEES &

RESPONSE,

REQUEST FOR AN EXTENSION OF TIME

PAGE Z7

The total number of claims is now 24. The Assignee includes \$250 for new claim 24 --\$200 for the excess inpendent claim and \$50 for the excess claim of twenty.

Assignee respectfully requests an additional three month extension of time fee for the Response to the July 8, 2004 Office Action Filed on January 7, 2005. Assignee submits payment for a three month extension of time to respond to the July 8, 2004 Office Action from October 8, 2004 to the three month extension of January 8, 2005.

Description of Fee	Amount			
Excess independent claim over three	\$200.00			
Excess claim over twenty	\$50.00			
Three Month Extension of Time Fee	\$1,020.00			
Total	\$1,270.00			

The Assignee, therefore, includes a Credit Card Payment Form PTO-2038 for \$1,270.00. If there are any other fees due in connection with the filing of this response, please charge the fees to the credit card on file. If a fee is required for an extension of time under 37 C.F.R. 1,136 not accounted for above, such an extension is requested and the fee should also be charged to the credit card on file.

01/10/2005 BBONNER 00000003 09496825

50.00 DP 1020.00 DP